

Fill in this information to identify your case:

Debtor 1	<b>Michael Leon Brock</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF MISSISSIPPI		
Case number (if known)	19-10293-JDW		

Check if this is an amended filing

B 104

**For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders**

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

**Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.**

**Unsecured claim**

1	BlueGreen Resorts Management P.O. Box 630980 Cincinnati, OH 45263-0980	What is the nature of the claim?	\$ \$1,723.94
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
<input checked="" type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____			
Value of security: \$ _____			
Unsecured claim \$ _____			
2	Campbell's Clinic P.O. Box 14000 Belfast, ME 04915-4033	What is the nature of the claim?	\$ \$662.00
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
<input checked="" type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____			
Value of security: \$ _____			

Debtor 1	<u>Michael Leon Brock</u>	Case number (if known)	<u>19-10293-JDW</u>
Contact phone	Unsecured claim \$ _____		
<b>3</b>	<b>Campbell's Clinic P.O. Box 14000 Belfast, ME 04915-4033</b>	<b>What is the nature of the claim?</b>	<b>\$ \$254.79</b>
		<b>As of the date you file, the claim is:</b> Check all that apply	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<input checked="" type="checkbox"/> None of the above apply	
<hr/>			
<b>Does the creditor have a lien on your property?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured)		\$ _____	
		Value of security:	- \$ _____
		Unsecured claim	\$ _____
<b>4</b>	<b>Methodist Memphis P.O. Box 75947 Charlotte, NC 28275-5957</b>	<b>What is the nature of the claim?</b>	<b>\$ \$301.00</b>
		<b>As of the date you file, the claim is:</b> Check all that apply	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<input checked="" type="checkbox"/> None of the above apply	
<hr/>			
<b>Does the creditor have a lien on your property?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured)		\$ _____	
		Value of security:	- \$ _____
		Unsecured claim	\$ _____
<b>5</b>	<b>Saint Francis Hospital P.O. Box 741274 Atlanta, GA 30374-1274</b>	<b>What is the nature of the claim?</b>	<b>\$ \$6,840.58</b>
		<b>As of the date you file, the claim is:</b> Check all that apply	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<input checked="" type="checkbox"/> None of the above apply	
<hr/>			
<b>Does the creditor have a lien on your property?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured)		\$ _____	
		Value of security:	- \$ _____
		Unsecured claim	\$ _____
<b>6</b>	<b>Snap On Credit 950 Technology Way Suite 301 Libertyville, IL 60048</b>	<b>What is the nature of the claim?</b>	<b>\$ \$2,471.83</b>
		<b>As of the date you file, the claim is:</b> Check all that apply	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<input checked="" type="checkbox"/> None of the above apply	

Debtor 1	<u>Michael Leon Brock</u>	Case number (if known)	<u>19-10293-JDW</u>
Does the creditor have a lien on your property?			
<input checked="" type="checkbox"/> No		\$ _____	
<input type="checkbox"/> Yes. Total claim (secured and unsecured)		\$ _____	- \$ _____
Contact		Value of security:	\$ _____
Contact phone		Unsecured claim	\$ _____

**Part 2: Sign Below**

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X   
\_\_\_\_\_  
Michael Leon Brock

Signature of Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Date 2/5/2019

Date \_\_\_\_\_